

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000029669

Entity Name: APETY BISCAYNE LLC

FILED
Dec 15, 2005
Secretary of State

Current Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 618
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

11900 BISCAYNE BLVD.
SUITE 618
MIAMI, FL 33180

New Mailing Address:

11900 BISCAYNE BLVD.
SUITE 618
MIAMI, FL 33180 US

FEI Number: 20-1015337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANSAY, C. LUC
11900 BISCAYNE BLVD.
SUITE 618
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: APETY GROUP, INC.,
Address: 11900 BISCAYNE BLVD., SUITE 618
City-St-Zip: MIAMI, FL 33180

Title: MGR () Delete
Name: VLADIMIR, ALFA
Address: 11900 BISCAYNE BLVD., SUITE 618
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: APETY GROUP, INC.,
Address: 11900 BISCAYNE BLVD., SUITE 618
City-St-Zip: MIAMI, FL 33180 US

Title: MGR (X) Change () Addition
Name: BANSAY, CYRIL L
Address: 11900 BISCAYNE BLVD., SUITE 618
City-St-Zip: MIAMI, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CYRIL LUC BANSAY

MGR

12/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date